

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584354

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				3		
5				3		
6				3		
7				3		
8			1			
9				1		
10				2		
11				2		
12			1			
13			1			
14				1		
15				4		
16			1			
17				1		
18				2		
19				2		
20			1			
21				1		
22				1		
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50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.	←		33	←		←
TOTAL CLAIMS			40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						